Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN4848ASC	A. BUILDING _____ B. WING _____	02/09/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EYE SURGERY CENTER OF NORTHERN NEVADA	5420 KIETZKE LANE, STE 106 RENO, NV 89511

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 00	INITIAL COMMENTS Surveyor: 13812 This Statement of Deficiencies was generated as a result of a State Licensure focused survey conducted in your facility on 2/9/10 and finalized on 2/9/10, in accordance with Nevada Administrative Code, Chapter 449, Surgical Centers for Ambulatory Patients. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.	A 00		
A166 SS=E	NAC 449.9905 Pharmacist Required 4. In the absence of a full-time pharmacist, the director of nursing must be designated in writing as responsible for the control of dangerous drugs and controlled substances. Substances listed as schedule II controlled substances pursuant to chapter 453 of NRS must be stored in a storage are with two locks. If a box is used, it must be securely fastened and immovable. This Regulation is not met as evidenced by: Surveyor: 25212 Based on interview, policy review and observation the facilty failed to keep controlled substances secured in a locked storage area in the facility's procedure room. Severity: 2 Scope: 2	A166		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE